

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AM	699/01	9/5
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HE	617	10-10-00
RESPONSE FORMALITY REVIEW	TZ	50947	04/05/01

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

BEST AVAILABLE COPY

Claim	Final	Original	Date
1	✓	✓	5/1/01
2	✓	✓	5/1/01
3	✓	✓	5/1/01
4	✓	✓	5/1/01
5	✓	✓	5/1/01
6	✓	✓	5/1/01
7	✓	✓	5/1/01
8	✓	✓	5/1/01
9	✓	✓	5/1/01
10	✓	✓	5/1/01
11	✓	✓	5/1/01
12	✓	✓	5/1/01
13	✓	✓	5/1/01
14	✓	✓	5/1/01
15	✓	✓	5/1/01
16	✓	✓	5/1/01
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If more than 150 claims or 10 actions
 staple additional sheet here

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